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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *Yes* \*\*\*\*\*

This appln claims benefit of 60/449,666 02/24/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 12/03/2003

\*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>m.m.</i> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 6
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## TITLE

Healthcare tele-robotic system with a robot that also functions as a remote station

FILING FEE  RECEIVED 717	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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